

**AUXILIARY POWER UNITS AND  
OTHER IDLE REDUCTION TECHNOLOGIES  
PROJECT APPLICATION**

## **AUXILIARY POWER UNITS AND OTHER IDLE REDUCTION TECHNOLOGIES APPLICATION**

**Please print clearly or type all information on this application and on all attachments. Fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in 2008 Carl Moyer Program Guidelines. This document can be viewed at:**

**<http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>**

**Please note that additional information may be requested from the applicant in order to process this application.**

### **Eligibility Criteria**

To be eligible for funding, projects must meet the criteria described in the 2008 Carl Moyer Program Guidelines and all current Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
- Projects must meet a cost-effectiveness of \$16,000 per weighed ton of NOx, ROG, and PM10 reduced calculated in accordance with the cost-effectiveness methodology in Appendix C of the 2008 Guidelines. All state funds plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- Projects must have a minimum project life of three years, except for engines subject to the Stationary Diesel In-Use Agricultural Engine Airborne Toxic Control Measure, which must have a minimum project life of one year.
- Maximum project life for on-road projects are as follows:
  - Buses  $\geq$  33,000 GVWR - New            12 years
  - Other On-road - New                      10 years
  - Repower Only (No Retrofit)            7 Years
  - Repowers + Retrofits                   5 years
  - Retrofits                                      5 years
- No emission reductions generated by the Carl Moyer Program shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their total activity for the project life in California.

- Emission reduction technologies must be certified/verified by the ARB for sale in California and must comply with durability and warranty requirements. For the purposes of the Carl Moyer Program, a technology granted a conditional certification/verification by ARB is considered certified/verified.

ARB has adopted many fleet rules that affect on-road heavy-duty diesel-fueled vehicles. There are limited funding opportunities for vehicles subject to these rules. The first step in evaluating Moyer eligibility is determining whether an engine or project type is subject to a rule:

#### Summary of On-Road Heavy-Duty Funding Opportunities

| Vehicle Type   | Subject to ARB Fleet Rule?                   | Limited Moyer Funding Opportunities <sup>1</sup>   |
|--|--|--|
| Urban buses  | Fleet Rule for Transit Agencies              | Very limited funding opportunity   |
| Transit Fleet Vehicles                                     |  |  |
| Solid Waste Collection Vehicles, excluding transfer trucks | Solid Waste Collection Vehicle Regulation    | Limited opportunities for NOx  |
| Transport Refrigeration Units (TRU)                        | TRU Air Toxic Control Measure (ATCM)         | Limited opportunity  |
| Auxiliary Power Units (APU)                                | Idling ATCM                                  | Limited opportunity, incremental only  |
| Municipal Vehicles and Utility Vehicles                    | Fleet Rule for Public Agencies and Utilities | Low-population Counties:<br>Some funding through 2017<br>All other counties:<br>Some funding through December 2008 |
| Port and Drayage Trucks                                    | Port Truck Regulation                        | Very limited funding opportunity<br>Proposition 1B funding available   |
| All other On-road heavy-duty vehicles                      | NO   | Proposed regulation scheduled for late 2008 <sup>2</sup>   |

<sup>1</sup>*Limited opportunities* means a fleet's compliance status with the ARB regulation must be determined. Contact district Carl Moyer Program staff or consult fleet rule Carl Moyer Implementation Charts at:

<http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.

<sup>2</sup>Proposed on-road private fleet regulation is due to be considered for adoption by the board late 2008. This regulation will require all vehicles not currently subject to an ARB regulation to meet the 2007 emission standards of 1.2 g/bhp-hr NOx and 0.01 g/bhp-hr PM. Please see "project types" for further details in Chapter 3 of the 2008 Carl Moyer Program Guidelines.

**Additional criteria may be found in the 2008 Carl Moyer Program Guidelines, Chapter 2 and Chapter 3, Section IV.**

# AUXILIARY POWER UNITS AND OTHER IDLE REDUCTION TECHNOLOGIES APPLICATION

## A. APPLICANT INFORMATION

|  |                    |
|--|--------------------|
| 1. Company name/ Organization name/ Individual name:   |                    |
| 2. Business type:  |                    |
| 3. Contact name and title:   |                    |
| 4. Person with contract signing authority (if different from above):   |                    |
| 5. Business mailing address and contact information:   |                    |
| a. Street:   | b. City/State/Zip: |
| c. Phone: (     )                      Ext:  | d. Fax: (     )    |
| e. E-mail:   |                    |
| 6. How many vehicles/engines/retrofits are being applied for?  |                    |
| 7. Total funding amount requested in this application:<br><input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: \$_____ |                    |

## B. FUNDING DISCLOSURE

|   |
|---|
| 1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. If "yes", complete the following for each engine or vehicle:   |
| Agency applied to:  |
| Date/Number of Agency Solicitation:   |
| Funding Amount Requested:   |
| Old Engine Serial Number:   |
| Status:   |

**I hereby certify that all information provided in this application and any attachments are true and correct.**

|                                    |        |
|------------------------------------|--------|
| Printed Name of Responsible Party: | Title: |
| Signature of Responsible Party:    | Date:  |

**Third Party Certification**

**I have completed the application, in whole or in part, on behalf of the applicant.**

|   |   |
|---|---|
| Printed Name of Third Party:                                      | Title:                                      |
| Signature of Third Party:   | Date:                                       |
| Amount Being Paid for Application<br>Completion in Whole or Part: | Source of funding to 3 <sup>rd</sup> party: |

**For each engine or vehicle, please complete sections C, D, E, F, G or H (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.**

### **C. VEHICLE INFORMATION**

|  |                   |                                  |
|--|-------------------|----------------------------------|
| 1. Vehicle type:   |                   |                                  |
| 2a. Vehicle Identification Number (VIN):                 |                   |                                  |
| b. Vehicle Make:   | c. Vehicle Model: | d. Vehicle Model Year:           |
| 3a. Vehicle GVWR:  |                   | b. Vehicle License Plate Number: |
| 4a. Department of Transportation Number (if interstate): |                   |                                  |
| b. California Highway Patrol CA Number (if applicable):  |                   |                                  |

### **D. ENGINE AND ACTIVITY INFORMATION**

|   |                               |
|---|-------------------------------|
| 1a. Engine Make:  | b. Engine Model:              |
| c. Engine Year:   | d. Engine Serial Number:      |
| 2. Fuel Type:   | 3. Annual Fuel Use (gallons): |
| 4. Project Address (if different than business address):  |                               |
| 5. Total Annual Hours of Idling:  |                               |
| 6. Percent Idling in California:  |                               |
| 7. List counties in California in which the vehicle idles and the percent of idling in each county:       |                               |
| 8. Project Life:<br><input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: ____ years |                               |

**E. IDLE REDUCTION TECHNOLOGY INFORMATION**

|  |                          |
|--|--------------------------|
| 1. Type (circle one):                        |                          |
| a. Electric Off-board Power                  | b. On-Board Battery Pack |
| c. Off-Board Heating and Cooling             | d. Other (explain):      |
| 2. Alternative Technology Hardware Cost:     |                          |
| 3. Alternative Technology Installation Cost: |                          |

**F. ELECTRONIC MONITORING UNIT (EMU)**

|  |
|--|
| 1. Will a new eligible EMU be installed as part of this project? |
| <input type="checkbox"/> Yes                                     |
| <input type="checkbox"/> No                                      |
| 2. If "yes", complete the following for each engine or vehicle:  |
| a. EMU Make:   |
| b. EMU Model:  |
| c. EMU Year:   |
| d. EMU ID Number:  |
| e. EMU Cost:   |

**G. RETROFIT PROJECTS**

|   |                 |                                |
|---|-----------------|--------------------------------|
| 1a. Engine Family:  | b. Engine Make: | c. Engine Model:               |
| d. Engine Year:   |                 | e. Tier (if auxiliary engine): |
| f. Engine Serial Number:                                      |                 |                                |
| 2. Retrofit Device Make:                                      |                 |                                |
| 3. ARB-verified Retrofit Device Name:                         |                 |                                |
| 4. Retrofit Device ARB Executive Order:                       |                 |                                |
| 5. Retrofit Device Serial Number (if available):              |                 |                                |
| 6. Verification Level: <input type="checkbox"/> LEVEL 3       |                 |                                |
| 7a. ARB-Verified NOx Reduction (%):                           |                 |                                |
| b. ARB-Verified ROG Reduction (%):                            |                 |                                |
| c. ARB-Verified PM Reduction (%):                             |                 |                                |
| 8. Retrofit Device Cost:                                      |                 |                                |
| 9. Cost of Retrofit Installation:                             |                 |                                |
| 10. Cost of Retrofit Maintenance for Project Life (if known): |                 |                                |
| 11. Cost of an Hour Meter (if needed):                        |                 |                                |

**H. FUNDING AMOUNT REQUEST**

|  |
|--|
| 1. Total Amount Requested for this Piece of Equipment:<br><input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: \$_____ |
|--|